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Bib Data Sheet

|   |   |                              |   |                                      |                            |
|---|---|------------------------------|---|--------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/808,011   | FILING DATE<br>03/24/2004<br><br>RULE   | CLASS<br>439                 | GROUP ART UNIT<br>2833  | ATTORNEY<br>DOCKET NO.<br>FP04-015US |                            |
| <b>APPLICANTS</b><br><br>Takeshi Tsuji, Yokkaichi-City, JAPAN;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br>JAPAN 2003-083166 03/25/2003<br><br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/15/2004 |   |                              |   |                                      |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged   |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>8  | TOTAL<br>CLAIMS<br>15                | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>001218<br>CASELLA & HESPOS<br>274 MADISON AVENUE<br>NEW YORK, NY<br>10016  |   |                              |   |                                      |                            |
| <b>TITLE</b><br>Flexible hinge and a wire cover using such a hinge  |   |                              |   |                                      |                            |
| FILING FEE<br><br>RECEIVED<br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                            |